Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

March 15, 2016

Ms. Taryn Austin, Manager
Middlesex Therapeutic Community Residence
1076 Us Route 2
Montpelier, VT 05602-8840

Dear Ms. Austin:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 10, 2016.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota RN

Pamela M. Cota, RN
Licensing Chief

MAR 08 2016 PRINTED: 02/22/2016
FORM APPROVED

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0610 | | C 02/10/2016 |

NAME OF PROVIDER OR SUPPLIER: MIDDLESEX THERAPEUTIC COMMUNITY RES

STREET ADDRESS, CITY, STATE, ZIP CODE: 1076 US ROUTE 2, MONTPELIER, VT 05602

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| T 001 | Initial Comments<br><br>An unannounced on-site survey was conducted on 2/8/16 - 2/10/16 by staff from the Division of Licensing and Protection to conduct a re-licensure survey and to investigate facility self reports and complaints. The following regulatory violations were identified related to both complaints investigated and the survey conducted. | T 001 | | |
| T 024 SS=D | V. 5.5.b Resident Care and Services<br><br>5.5 General Care<br><br>5.5.b Staff shall provide care that respects each resident's dignity and each resident's accomplishments and abilities. Residents shall be encouraged to participate in their own activities of daily living. Families shall be encouraged to participate in care and care planning according to their ability and interest and with the permission of the resident.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interviews and record review, the TCR failed to ensure all staff provided care in a manner that respects each resident's dignity and each resident's accomplishments and abilities for 1 of 5 applicable residents. (Resident #1)<br>Findings include:<br><br>Per interview on the afternoon of 2/8/16 staff confirmed a conversation was overheard during the afternoon of 11/16/15 during which Resident #1 had asked staff what was "going on" for activities during the afternoon/evening. Two staff members were overheard responding to the | T 024 | This will be addressed by mediation between all parties involved. The MTCR psychologist Greg Tomasulo will meet with residents on a weekly basis, to offer an opportunity for them to discuss and share their concerns and issues. A mandatory training will be held on respectful communication. A list of respectful behaviors and expectations will be shared with all staff and in group, as a read and sign. Corrective action will be completed by 4/15/2016. | |

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Director MTCR (X6) DATE: 3/8/16



T024 - T999 POC's accepted 3/11/16 FMcintosh RN/PME

Division of Licensing and Protection

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| T 024 | Continued From page 1<br><br>resident in a derogatory and insulting manner. The resident became sullen and walked to his/her room after hearing the staff response. | T 024 | | |
| T 187 SS=C | IX.9.11.c Physical Plant<br><br>9.11 Disaster and Emergency Preparedness<br><br>9.11.c Each residence shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview and record review, the TCR failed to ensure fire drills were conducted at the required times of day and frequency as required. There was also a failure to develop an emergency evacuation plan. Findings include:<br><br>Per review of the fire drills reports for the past 12 months, TCR staff conducted a fire drill on 3/31/15 at 0300 and a second drill for 2015 on 9/27/15 again at 0300. There has been 1 drill conducted in 2016 on 1/11/16 at 10:00. The TCR manager failed to ensure fire drills were conducted on at least a quarterly basis and times of the drills were rotated to cover mornings, | T 187 | This has been addressed by scheduling Fire Drills to be conducted on each of the 3 shifts 4 times per year.<br>See Attached Fire Drill Schedule. | |



Director MTCR 3/8/16

Division of Licensing and Protection

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| T 187 | Continued From page 2<br>afternoon and evenings.<br><br>Per interview during the afternoon of 2/10/16 the TCR manager confirmed although there has been some discussion regarding an evacuation plan if residents had to be removed from the facility due to an emergency situation, presently no specific location has been formalized or plan confirmed if the residents required an alternative temporary residence. | T 187 | Evacuation Plan: As of 3/2/16 Second Springs in Williamstown, VT will be MTCR's evacuation place. Evacuation Location: Second Spring, 118 Clark Road, Williamstown, VT 05679<br>Phone: (802) 433-6183.<br>See Attached updated MTCR Policy. | |
| T999 SS=B | Final Comments<br><br>This REQUIREMENT is not met as evidenced by:<br>As per Licensing and Operating Regulations for TCRs requirement (Survey & Investigation 4.13 f): The residence shall make current written reports resulting from inspections readily available to residents and to the public in a place readily accessible to residents where individuals wishing to examine the results do not have to ask to see them.<br><br>The requirement was NOT MET as evidenced by:<br><br>Based on observation and staff interview, the facility failed to post current reports resulting from previous inspections conducted at the residence. Per interview on the afternoon of 2/10/16, both the manager and the nursing supervisor confirmed in the past the surveys were posted, however there was no evidence of any surveys posted at the time of inspection. | T999 | This has been addressed by posting current reports resulting from previous inspections on the window of the North Information Center. | |



Director 3/8/16

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